

GUARDIANSHIP/ CONSERVATORSHIP

X

DISCHARGE AND/OR TERMINATE

**To Discharge a Guardian &/or Conservator &/or
Terminate a Guardian/Conservatorship or
DISCHARGE FUNDS for a MINOR***

**Case Numbers beginning "PB" only*

(Forms)

SELF-SERVICE CENTER

**TO TERMINATE A GUARDIANSHIP/CONSERVATORSHIP
and/or
DISCHARGE A GUARDIAN/CONSERVATOR *and (if applicable)*
RELEASE RESTRICTED FUNDS FOR A MINOR***

*(Case numbers beginning "PB" Only)

CHECKLIST

You may use the forms and instructions in this packet if . . .

- ✓ A guardian and/or conservator has been appointed for a *minor*, AND
- ✓ The case number begins with "PB".
- ✓ The guardian/conservatorship is no longer needed and the Arizona case should be TERMINATED because:
 - The minor reached age 18 or was legally emancipated, or
 - The minor moved out of state, or died,
 - You are the mother or father of the protected minor and want to ask the Court to end the guardianship/conservatorship and close the case.

OR

- ✓ There is still a need for a guardian and/or conservator but a person currently serving as court-appointed guardian and/or conservator needs to be released from his or her legal duties (DISCHARGED) because he or she:
 - is no longer able or willing to serve, **or**
 - *should not be allowed* to continue to serve, **and**

(optionally)

- ✓ You want a court order to release restricted funds or property to, or for the benefit of the minor.

✗ Do **NOT** use this packet to terminate guardianship or conservatorship of an ADULT. Refer to separate forms and instructions to terminate or to discharge a guardian or conservator *for an adult*.

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

SELF-SERVICE CENTER

GUARDIANSHIP AND CONSERVATORSHIP
TO DISCHARGE GUARDIAN and/or CONSERVATOR
and RELEASE RESTRICTED FUNDS
for a MINOR* (ONLY)

*Case Numbers beginning with "PB" only.

This packet contains court forms to get a court order to discharge a guardianship and/or conservatorship for a minor, and *if applicable*, to release funds when at least one of the parties lives in Arizona.

Order	File Number	Title	# pages
1	PBGCD1k	Checklist: <i>You may use this packet if . . .</i>	1
2	PBGCD1ft	Table of Contents (this page)	1
3	PBGCD11f	<i>"Petition for Termination and/or Discharge and (if applicable) Release of Funds"</i>	2
4	PBGCD12f	<i>"Request for Hearing"</i>	1
5	PBGCD18f	<i>"Notice of Hearing"</i>	1
6	PBGC19f	<i>"Waiver of Notice of Hearing" (if applicable)</i>	2
7	PBGC29f	<i>"Declaration of Notice Provided"</i>	2
8	PBGCD81f	<i>"Order Terminating Guardianship/ Conservatorship and Release of Restricted Funds"</i>	2
9	PBGCD91f	<i>"Receipt of Restricted Funds" (if applicable)</i>	1

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of (check one *or both*)
☐ the Guardianship ☐ Conservatorship of

Case Number: PB _____

PETITION FOR TERMINATION OF (check all that apply)

- ☐ GUARDIANSHIP OF A MINOR
☐ CONSERVATORSHIP OF A MINOR
☐ RELEASE OF RESTRICTED FUNDS

A Minor

1. **INFORMATION ABOUT THE PERSON APPOINTED GUARDIAN and/or CONSERVATOR:**
(Name) _____ was appointed and accepted appointment
as: (check one box):

- ☐ Guardian **and** Conservator on: _____ (date) (Month, Day, Year)
☐ Guardian on: _____ (date) (Month, Day, Year)
☐ Conservator on: _____ (date) (Month, Day, Year)
Guardian/Conservator's address: _____

2. **INFORMATION ABOUT THE WARD** (the person for whom the Guardian and/or Conservator was appointed): _____ Date of Birth ____/____/____.
(Name)

One of the following documents is attached as proof of the Ward's age:

- ☐ A copy of the Ward's birth certificate; or ☐ A copy of the Ward's driver's license.

3. **REASON FOR TERMINATION OF THE GUARDIANSHIP AND/OR CONSERVATORSHIP:**
(check one box)

- ☐ The Ward reached the age of 18, on _____ (date). **OR**
- ☐ The need for the Guardianship and/or Conservatorship has terminated because the rights of the parents are no longer terminated or suspended by circumstances, parental consent or prior court order **because** (explain):

- ☐ The need for the Guardianship and/or Conservatorship has terminated because the Ward has died. The date of death was _____ (Attach copy of death certificate)

Complete the information for number 4, 5, and 6 for Conservatorship only.

4. RESTRICTED FUNDS: INFORMATION ABOUT THE CURRENT RESTRICTED ACCOUNT:

- A. Amount now in restricted account: \$ _____
- B. Financial Account number: _____
- C. Name and address of financial institution: _____

☐ Information about additional restricted accounts is listed on attached page.

5. STATEMENT ABOUT RESTRICTED FUNDS: (check one box) ☐ **I HAVE NOT MADE or**
☐ **I HAVE MADE previous withdrawals from this or any other restricted account without a written**
of order of this Court, as follows (explain carefully; give details about amount, date, reason):

6. REQUEST REGARDING RESTRICTED FUNDS: (check one box)

- ☐ **I ask that the Ward's restricted funds be released to the Ward** in this matter because he or she is now an adult entitled to control the funds currently held for his or her benefit by the Conservator.
- ☐ **I ask that the Ward's restricted funds be released to the Ward's estate** because the Ward has died.
- ☐ **Other (Explain):** _____

7. THEREFORE, I ask the Court to enter an order:

- A. ☐ **Terminating the Guardianship and discharging the Guardian.**
- B. ☐ **Terminating the Conservatorship and discharging the Conservator.**
- ☐ 1. **Directing the release of funds** to the former ward as requested in the Petition;
- ☐ 2. **Requiring proof that the funds have been released** to the former ward or his or her estate within 30 days after entry of an order;
- ☐ 3. **Other (Explain):** _____

UNDER OATH OR BY AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Petitioner's Signature (May be the Ward, if 18 or older)

 Date

Sworn to or Affirmed before me: _____

 Date

 Seal/My Commission expires

 Deputy Clerk or Notary Public

Ward's Signature (if not same as Petitioner)

 Date

Sworn to or Affirmed before me: _____

 Date

 Seal/My Commission expires

 Deputy Clerk or Notary Public

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

Case No. PB _____

REQUEST FOR HEARING DATE

FOR PETITION FOR DISCHARGE AND/OR TERMINATION AND RELEASE OF RESTRICTED FUNDS IN A MATTER OF A GUARDIANSHIP AND/OR CONSERVATORSHIP

1. **COURT DOCUMENTS:** After you file the Petition with the Clerk's Office, take the following documents to Probate Court Administration at any of the addresses listed below:

- a. Two court-stamped copies of the Petition for Termination and Discharge, AND
- b. Two completed copies of this Request form

DOWNTOWN PHOENIX:
Probate Court Administration
Old Courthouse, 1st Floor
125 West Washington
Phoenix, AZ 85003-2205

NORTHEAST FACILITY:
Probate Court Administration
18380 N. 40th St.
Phoenix, AZ 85032

NORTHWEST FACILITY:
Probate Court Administration
14264 West Tierra Buena Lane
Surprise, Arizona 85374

SOUTHEAST FACILITY:
Probate Court Administration
222 East Javelina Avenue
1st Floor, Ste. 1350
Mesa, AZ 85210-6201

2. **SCHEDULING YOUR HEARING:** Probate Court Administration will schedule the hearing and fill in the information below for you to enter on the "Notice of Hearing" form.

HEARING DATE AND TIME: _____, at _____ am. / pm.

HEARING ADDRESS: _____

JUDGE/COMMISSIONER NAME: _____

3. **COMPLETING YOUR NOTICE OF HEARING FORM:** After Probate Court Administration returns this form to you with the hearing date, you can complete your **Notice of Hearing** form by adding the date and time, location, and the name of the commissioner who will hear the case. Then you are ready to serve or give notice of the Petition and all the required papers to all the required persons.

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of
Guardianship and/or Conservatorship for

Case Number: PB _____

NOTICE OF HEARING

Regarding Petition for Discharge, Termination,
and/or Release of Funds

☐ an Adult ☐ a Minor

THIS IS A LEGAL NOTICE. Your rights may be affected.
An important court proceeding that affects your rights has been scheduled. If you do not understand this notice or the other court papers, contact an attorney for legal advice.

1. **NOTICE IS GIVEN** that a Petition and other court paper(s) indicated below have been filed with the Court, and a hearing scheduled for review of the petition indicated by the boxes checked below.

Petition for ☐ **Discharge of** (check one or both) ☐ **Guardian** ☐ **Conservator**
☐ **Termination of** (check one or both) ☐ **Guardianship** ☐ **Conservatorship**
☐ **Release of Funds** ☐ **Other:** _____

Note: "Discharge" means to dismiss or release a guardian or conservator from his or her duties.
"Termination" ends the guardianship or conservatorship and closes the case with the court.

2. **COURT HEARING.** A court hearing has been scheduled to consider the Petition and matters in the court papers as follows:

DATE and TIME

PLACE:

JUDICIAL OFFICER:

3. **RESPONSE TO PETITION.** You are not required to respond to this Petition, but if you choose to respond, you *may* do so by filing a written response or by appearing in-person at the hearing. *If you choose to file a written response:*

- File the original with the Court;
- Provide a copy to the office of the Judicial Officer named above; and
- Mail a copy to all interested parties at least five (5) business days before the hearing.

If you object to any part of the Petition or Motion that accompanies this notice, you must file with the court a written objection describing the legal basis for your objection at least three (3) days before the hearing date or you must appear in person or through an attorney at the time and place set forth in the notice of hearing. There is a FEE for filing a response. If you cannot afford the fee, you may file a *Fee Deferral Application* to request a payment plan from the Court.

DATED: _____
(Month/Day/Year)

Petitioner's Signature

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of:

Case Number: PB _____

(Optional) **WAIVER OF NOTICE and
(Optional) WAIVER OF SERVICE MEMBERS
CIVIL RELIEF ACT(SCRA) RIGHTS
regarding:**

_____ An incapacitated or protected **Adult** or ☐ **Minor**

☐ **Guardianship**
☐ **Conservatorship** (check one or both)

UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM:

1. **MY RELATIONSHIP** to the incapacitated or protected person named above is:

(examples: parent, grandparent, guardian) _____

2. **I HAVE RECEIVED the Petition and/or other court papers indicated below:**

(Check the box next to [only] the documents you received.)

- ☐ **Petition for Permanent Appointment of:** ☐ **Guardian** ☐ **Conservator**
☐ **Petition for *Temporary/Emergency* Appointment of:** ☐ **Guardian** ☐ **Conservator**
☐ **Order Appointing Attorney, Health Professional, Court Investigator**
☐ **Affidavit of Person to be Appointed** ☐ **Consent of Parent** (*only* if regarding a minor)

or ☐ **Petition for Approval of Accounting** ☐ **Annual Report of Guardian**

☐ **Other:** _____

3. (Optional) ☐ **I WAIVE NOTICE** of all court filings and proceedings regarding this matter.
I understand that I can reverse this waiver by filing a written document with the court under this case number declaring that I no longer waive notice of hearings and other court proceedings.

4. **MILITARY STATUS**

☐ I am **NOT** on active duty in the U.S. military;

OR

☐ I **AM** on active duty in the U.S. military.

If you are on active duty with the U.S. military, see the information on your rights under the Servicemember's Civil Relief Act and the optional waiver of the right to delay this court proceeding under the Act on the page following.

**SERVICEMEMBER'S CIVIL RELIEF ACT (SCRA)
INFORMATION AND OPTIONAL WAIVER**

NOTE: When military duty interferes with the ability to participate in a case, the **Servicemember's Civil Relief Act (SCRA)** may permit a service member to delay or overturn a civil court proceeding. Waiving this right does **NOT** affect your right to later request a change regarding court appointment of a guardian or conservator.

It is generally advisable to consult a military legal assistance attorney before waiving any rights under the Servicemember's Civil Relief Act. If Luke Air Force Base is the military installation closest to you, you can contact the legal office at **623-856-6901**. Otherwise, contact the legal office at the nearest military installation.

IF ACTIVE DUTY MILITARY and you do not wish to delay court proceedings in this matter, check the box below to WAIVE any right that may apply under the SCRA to cause the court to delay.
(Optional)

☐ **I WAIVE any right I may have under the SCRA to delay this matter.**

**WAIVER OF NOTICE and *(if applicable)*
SERVICEMEMBER'S CIVIL RELIEF ACT (SCRA) WAIVER**

I have read and understand this **Waiver of Notice** and the separate **Servicemember's Civil Relief Act Waiver**. I understand that I am not required to either waive notice **or** any rights that may apply under the SCRA, but **if** I have waived either notice or any rights under the SCRA as indicated above or on the preceding page, I do so voluntarily.

UNDER PENALTY OF PERJURY

I swear or affirm that I have read and understand this document and that the information I have provided is true and correct to the best of my information and belief.

Date

Signature of Person Receiving Documents

Sworn to or Affirmed before me:

by

(Date)

Printed Name

My Commission Expires: (or
Seal below) _____

☐ Deputy Clerk or ☐ Notary Public

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of: _____

Case Number: PB _____

DECLARATION OF NOTICE PROVIDED

Regarding A Matter of

Guardianship and/or Conservatorship

A Protected ☐ Adult or ☐ Minor

UNDER PENALTY OF PERJURY

1. **DOCUMENTS PROVIDED:** I provided copies of the following court documents to the persons named below. (Check only those that apply.)

Petition for ☐ *Permanent* ☐ *Temporary* Appointment of a ☐ **Guardian and Conservator** (or)
☐ **Guardian** or ☐ **Conservator** (only)
for ☐ **Adult** or ☐ **Minor**

<input type="checkbox"/> Affidavit of Person to be Appointed	<input type="checkbox"/> Conservator's Account
<input type="checkbox"/> Consent of Parent to Appointment	<input type="checkbox"/> Consent of <i>(other)</i> Parent to Appointment
<input type="checkbox"/> Notice of Hearing	<input type="checkbox"/> Annual Report of Guardian
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

2. **TO WHOM I GAVE NOTICE:** These are the people to whom I gave copies of all the documents indicated above. State the relationship between the person who has or will have the guardian and/or conservator, and the person you gave the copies to.

(If this is about a petition to appoint a guardian and/or conservator *for an adult*, be sure to include the court-appointed attorney and the court investigator among those to whom you give notice and list below. Use extra paper if necessary.)

A. **Person Given Notice (Name):** _____

B. **Relation to Protected Person:** _____

C. **Date Mailed or Delivered:** _____

D. **Method of Delivery:** (Check at least one box and complete the information below)

☐ **Personal service** (File "**Acceptance of Service**" or affidavit of process server or sheriff)

☐ **1st class mail, postage prepaid**

☐ **Certified mail** (if applicable, attach green return receipt card to this paper)

☐ **Hand delivery by:** (name) _____

Case Number PB: _____

- A. **Person Given Notice (Name):** _____
- B. **Relation to Protected Person:** _____
- C. **Date Mailed or Delivered:** _____
- D. **Method of Delivery:** (Check at least one box and complete the information below)
- ☐ **Personal service** (File ***“Acceptance of Service”*** or affidavit of process server or sheriff)
 - ☐ **1st class mail, postage prepaid**
 - ☐ **Certified mail** (if applicable, attach green return receipt card to this paper)
 - ☐ **Hand delivery by:** (name) _____

- A. **Person Given Notice (Name):** _____
- B. **Relation to Protected Person:** _____
- C. **Date Mailed or Delivered:** _____
- D. **Method of Delivery:** (Check at least one box and complete the information below)
- ☐ **Personal service** (File ***“Acceptance of Service”*** or affidavit of process server or sheriff)
 - ☐ **1st class mail, postage prepaid**
 - ☐ **Certified mail** (if applicable, attach green return receipt card to this paper)
 - ☐ **Hand delivery by:** (name) _____

- A. **Person Given Notice (Name):** _____
- B. **Relation to Protected Person:** _____
- C. **Date Mailed or Delivered:** _____
- D. **Method of Delivery:** (Check at least one box and complete the information below)
- ☐ **Personal service** (File ***“Acceptance of Service”*** or affidavit of process server or sheriff)
 - ☐ **1st class mail, postage prepaid**
 - ☐ **Certified mail** (if applicable, attach green return receipt card to this paper)
 - ☐ **Hand delivery by:** (name) _____

- A. **Person Given Notice (Name):** _____
- B. **Relation to Protected Person:** _____
- C. **Date Mailed or Delivered:** _____
- D. **Method of Delivery:** (Check at least one box and complete the information below)
- ☐ **Personal service** (File ***“Acceptance of Service”*** or affidavit of process server or sheriff)
 - ☐ **1st class mail, postage prepaid**
 - ☐ **Certified mail** (if applicable, attach green return receipt card to this paper)
 - ☐ **Hand delivery by:** (name) _____

UNDER PENALTY OF PERJURY

By signing this document I state to the Court under penalty of perjury that the information presented is true and correct to the best of my knowledge and belief.

Date

Signature

Printed Name

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of

Case Number PB: _____

COURT ORDER TERMINATING

(Check all that apply)

- ☐ GUARDIANSHIP OF MINOR
☐ CONSERVATORSHIP OF MINOR AND
☐ RELEASING RESTRICTED FUNDS

Name of Protected Minor

THE COURT FINDS:

1. A sworn "**Petition for Termination**" of a ☐ Guardianship and/or ☐ Conservatorship and/or ☐ "**Release of Restricted Funds**" has been presented and reviewed.
2. Notice of the Petition was given as required by law or waived by all interested parties.
3. The Guardianship and/or Conservatorship has ended because:
☐ The minor had reached the age of majority, **OR**
☐ The rights of the parents to custody and care of the minor are no longer terminated or suspended by circumstances, or by parental consent or by prior court order.
☐ The minor died on _____ (date).
4. **Conservatorships, only if minor reached age 18:**
☐ The former minor is entitled to custody and control of the restricted funds held for the benefit of the minor by the conservator.

THE COURT ORDERS:

1. ☐ Granting the "**Petition for Termination**" and discharging the guardian and/or conservator.

Fill out Numbers 2 - 6 only if a Petition Terminating Conservatorship was filed.

2. ☐ **Waiving a final accounting by the conservator.** (*Only if* all funds were restricted and there have been no withdrawals without approval of the Court.)

3. ☐ **Granting the release of funds and authorizing the release of the following funds to:**
 to the minor or former minor named: _____
 From Account Number: _____
 Approximate amount in account: _____
 Name & Address of Financial Institution: _____

4. ☐ Granting the ***"Petition for Termination of the Conservatorship"***.

5. ☐ **IT IS FURTHER ORDERED** that the Conservator shall file with this Court a receipt signed by the former minor acknowledging the receipt of all funds within 30 days of this Order. The Conservator will not be discharged from liability until the Conservator files with this Court a receipt signed by the former minor acknowledging receipt of all funds.

IT IS FURTHER ORDERED that this case will be administratively closed within 90 days of this Order unless the former minor notifies the court in writing that he/she has not received all the funds to which he/she is entitled.

6. ☐ **THE COURT FINDS** that it is not necessary for the Conservator to file a receipt signed by the former minor acknowledging receipt of all funds because the former minor has appeared in open court and personally obtained the order releasing restricted funds.

IT IS ORDERED that the former minor shall file with this Court a signed receipt acknowledging the receipt of all funds within 30 days of this Order.

IT IS FURTHER ORDERED that the Conservator will be discharged from liability as Conservator within 90 days of this Order and the case will be administratively closed, unless prior to that date, the former minor notifies the court in writing that he/she has not received all the funds to which he/she is entitled.

Notification of objection to the discharge of the Conservator must be sent to this Court at:

DONE IN OPEN COURT: _____

JUDGE/COMMISSIONER

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of (check one or both)
☐ Guardianship ☐ Conservatorship of

Case Number PB: _____

A Minor

RECEIPT OF RESTRICTED FUNDS BY A FORMER MINOR

Notice to Conservator: Mail this signed and notarized receipt to Probate Court Administration within 30 days from the date of the Court Order releasing funds. Also mail this form to all parties who have appeared in the case, and to the former minor.

I acknowledge that the funds in my restricted account(s) have been released in accordance with the Order of the Court releasing the funds.

I have received all the funds held in the conservatorship to which I am entitled, as follows:

A. Amount received: \$ _____

B. Date received: \$ _____

C. Name of financial institution that held the funds:

Signature of Former Minor

STATE OF ARIZONA)
COUNTY OF MARICOPA) ss.

The above receipt was signed before me this date: _____ by _____

My Commission Expires:

Notary Public